EXHIBIT F

From: Johann, Pamela (USACAN)

Sent: Tuesday, March 3, 2020 1:21 PM

To: Victoria Baranetsky

Subject: CIR v. DOL, No. 19-cv-5603, supplemental release

Hi Vickie,

The Department of Labor is providing this supplemental release of documents in response to your FOIA requests Nos. 878010 and 878011. After a review of its earlier response, DOL located additional responsive documents for release.

9 pages of additional records are attached. They correspond to the following OSHA inspection numbers:

OSHA FOIAs 878010 / 878011-001 – Inspection 1377288 (2018)

OSHA FOIAs 878010 / 878011-002 – Inspection 1377288 (2019)

OSHA FOIAs 878010 / 878011-003 – Inspection 1327615 (2017)

OSHA FOIAs 878010 / 878011-004 – Inspection 1371705 (2018)

OSHA FOIAs 878010 / 878011-005 – Inspection 1343890 (2017)

OSHA FOIAs 878010 / 878011-006 – Inspection 1301593 (2017)

OSHA FOIAs 878010 / 878011-007 – Inspection 1344215 (2015)

OSHA FOIAs 878010 / 878011-008 – Inspection 1344215 (2016)

OSHA FOIAs 878010 / 878011-009 – Inspection 1344215 (2017)

Please let me know if you have any questions about this release.

Thanks, Pam



Pam Johann | Assistant U.S. Attorney | Northern District of California | 450 Golden Gate Ave. | Box 36055 | San Francisco, CA 94102 |

T: | F:

Summary of Work-Related Injuries and Ilinesses



All establishments covered by Part 1904 must complete this Summary page, even if no work-retired inputes or Statuses occurred during the year. Remember to mylew the Log to welly until the entress are complete, and accurred before completing this eluminary.

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Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
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(G)	"(H)	(1)	(3)
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(b) (4)			5.53
(K)		(L)	- 4
Injury and Kiness Types			Carlo Carlo
Total number of			2
(M)		_	10 30
(1) Injuries	(b) (4)	(4) Poisonings	b) (4)
(2) Skin disorders		(5) Hearing Loss	
(3) Respiratory condition		(6) All otherillnesses	
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Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burdet for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search, and gather the date needed; and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid ORIB control number. If you have any comments about these estimates or any other aspects of this data-collection. US Department of Labor. OSMA Office of Stockets, Room N-3844, 200 Constitution Avenue, N.W. Washington, DC 20250. Do not serie find comments to this office.

Establishment Information Your establishment name CLE2 Company Name Amazon.com.dedc.LLC 21500 Emery Rd North Randali State Industry description (e.g. Manufacture of motor truck trailers) General warehousing and storage Standard industrial Classification (SIC), if known (e.g. SIC) North American Industrial Classification (NAICS), if known (e.g., 336212) 493110 Employment Information Annual average number of employees Total hours worked by all employees last Sign here Knowingly falsifying this document may result in a fine. I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complète. Company Executive

Print OSHA's Form 300A PDF

Summary of Work-Related Injuries and Illnesses

U.S Department of Labor

All establishments covered by Part 1904 must complete this Summary page, even if no work-rainted influsies or itine sees occurred during the year. Remember to review the Lag to verify that the entries are complete and occurred before completing this summary.

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Establishment Information

Your establishment name CLE2

Company Name Amazon.com.dedc ЩС

Street 21500 Emery Rd

North State Ohio ZIP 44128

Industry description (e.g. Monufacture of motor truck trailers)

> General warehousing and storage

Standard Industrial Classification (SIC). if known (e.g. 51C 3715)

North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment Information

Annual average number of employees

Total hours worked by all employees last year

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company Executive Title

02/07/2019

Phone

Date

^{*} This report contains Open Lost Time or Job Restriction Case



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Summary of Work-Related Injuries and Illnesses



All establishments covered by P jo review the Log to verify that the entries are com Using the Log, count the indivi- of the Log, if you' had no cases, write "o." Employees, former employees. OSNA Form 301 ot. His equivalent. See 29 CFR Part	piete and accurate befo dual entries you made fo and their representative	nie completing this summary. or each category. Then write h es hove the right to review the	he totals below, making sur OSHA Form 300 in its enti	e you have added the entr	es trom every page	Establishment Information Your establishment name MDW7 Company Name Anggen com.dedc.LLC Sincet 6605 Monce Manharten Road City Monce State Illinois ZIP 60449
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(2) Skin disorders		(5) Hearing Loss				1/29/18
(3) Respiratory condition		(6) Att other illnesses				Corpany Executive (b) (7)(C) Phone Title 1/29//8 Date
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Public reporting binden for this collection of information is estimisted to average 50 minities per response, including time to review the instructions, search and gather the data meeted, and complete and review the collection of information unless a displays a currently valid OMB couldn't number, if you have any consistent about these estimates or any other aspects of this data collection, contact US-Department of Labor, OSHA Office of Statistics, Room, N-3644, 200 Constitution Avenue, NW, Washington, OC 20210. Do not soud the completed forms to the entire.



Summary of Work-Related Injuries and Illnesses U.S Department of Labor

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you have added the entries from every page of the Log. If yo

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHAs recordkeeping rule, for further details on the access provisions for these forms.

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Establishment Information Your establishment name MDW5 Company Name Amazon.com.dedc Street 16824 Enterprise Blvd. Crest Hill State Illinois ZIP 60435 Industry description (e.g. Manufacture of motor truck trailers) General Warehousing and Storage Standard Industrial Classification (SIC), if known (e.g. SIC 3715) North American Industrial Classification (NAICS), if known (e.g., 336212) 493110 Employment Information Annual average number of employees Total hours worked by all employees last year Sign here Knowingly falsifying this document may result in a fine. I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete. Company Executive Title

Date

Phone



^{*} This report contains Open Lost Time or Job Restriction Case



APPENDIX A- 2017 300A

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses



All establishments overed by Part 1004 must complete this Summary page, even it no work-related injuries or phiesses occurred giving the year. Remember to verify that Log: to verify that Log: count the addictional entries you made for each cotogory. Then write the totals below, making sure you have added the entries from every page to the Log: tryou have added the entries from every page had no castos, write "0." Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its entirety. They also have limited access to the its equivalent, See 20 CFR Pag 1904.35, in OSHAs recording rule, for turker deteils on the access provisions for these forms. Nithiber of Cases				Company Name Amazon:com.dede L.C. Street 6605 Monce Manhatten Road City Monce State Illinois ZIP 60449 Industry description (e.g. Manufacture of motor truck trailers)
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Injury and Ill.	ness Types	To the said		Sign here (b) (7)(C) Knowingly farsnying this document may result in a fine.
(M) (1) İnjuries (2) Şkin disorders (3) Respiratory condition	(b) (4)	(4) Poisonings (5) Hearing Loss (6) All other illnesses	b) (4)	Corrier that I have examined this document and that to the best of my knowledge the outries are the necessarian and complete. Company Executive Z9 18
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(2) Skin disorders

(3) Respiratory condition

Summary of Work-Related Injuries and Illnesses



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or Restriction

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

(5) Hearing Loss

(6) All other illnesses

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	Establishment information					
	Your establishment name MDW8					
	Company Name Amazon com inde LLC					
	Street 1350Bridge Drive					
	Chy Wattegan State Illinois ZIP 60502					
	industry description (e.g., Manufacture of motor truck trailers).					
6	General Warehousing and Storage					
r Al	Mandard Industrial Classification (SIC), if known (e.g. SIC 3715).					
•	OR .					
	North American Industrial Classification (NAICS), if known (e.g., 336212)					
	493110					
	Employment Information (b) (4)					
	Annual average number of employees					
	Total hours worked by all employees last year					
	Sign here					
	Knowingly falsifying this document may result in a fine.					
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	Phone Date					

Summary of Work-Related Injuries and Illnesses



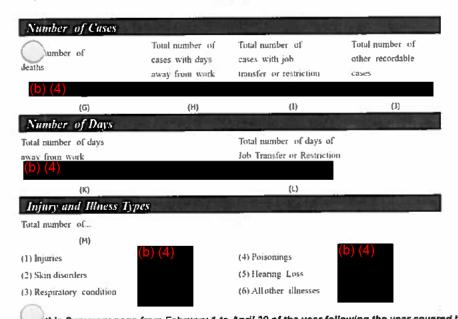
Occupational Safety and Health Administration

60532

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Avenue, NW, Washington, DC 20210, Do not send the completed forms to this office.

Establishment Information

Your establishment name DCH3

Company Name Amazon.com.dedc LLC

Street 4500 Western Avenue

City <u>Lisle</u> State <u>Illinois</u>

Industry description (e.g. Manufacture of motor track trailers)

General Warehousing and Storage

Standard Industrial Classification (SIC), if known 1e.g. SIC 37151

OR

North American Industrial Classification (NAICS), I known (e.g., 336212)

493110

Employment Information

Annual average number of employees

Total hours worked by all employees last year

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Company Executive Title

Phone Date

Summary of Work-Related Injuries and Illnesses

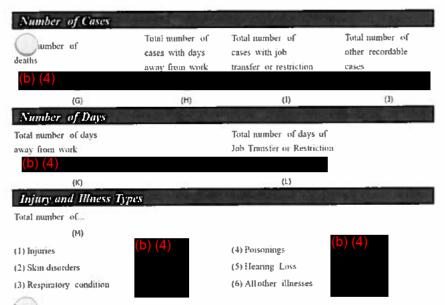


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Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment name DCH3

Company Name Amazon.com.dede LLC

Street 4500 Western Avenue

City Liste State Illinois

Industry description (e.g. Manufacture of motor truck traders)

General Warehousing and Storage

Standard Industrial Classification (SIC), if known (e.g. SIC 3715)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

493110

Employment Information

Annual average number of employees

Total hours worked by all employees last year

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Summary of Work-Related Injuries and Illnesses

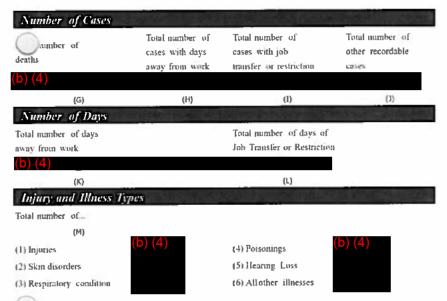


Occupational Safety and Health Administration

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Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment Information

Your establishment name DCH3

Company Name Amazon.com.dede LLC
Street 4500 Western Avenue

City <u>Lisle</u> State <u>Illinois</u> ZIP <u>60532</u>

Industry description (e.g. Manufacture of motor truck trailers)

General Warehousing and Storage

Standard Industrial Classification (SIC), if known (e.g. SIC 3715)

OR

North American Industrial Classification (NAICS),if known (e.g., 336212)

493110

Employment Information

Annual average number of employees

Total hours worked by all employees last year

Sign here

Knowingly fakifying this document may result in a fine.

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Company Executive Title

Phone Date